Los Alamos
Los Alamos National Laboratory
Los Alamos, New Mexico 87545

MEDICAL ILLNESS AND INJURY REPORT

Occupational Medicine Group (ESH-2)
667-7890 D421

Date:	
Time In:	

EMPLOYEE INFORMATION

NAME:				Z NO.:
GROUP:	MS:	WORK PHONE:	DATE OF BIRTH:	❒ MALE ❒ FEMALE
OCCUPATION:				EMPLOYER:
HOME ADDRESS:				
SUPERVISOR NAME:				PHONE:
SUPERVISOR'S MS:	SUPERVISOR NOTIFIED: ❒YES ❒NO DATE:			

ACCIDENT/INCIDENT HISTORY

DATE OF ACCIDENT/INCIDENT	TIME	AREA	BLDG	ROOM
DESCRIPTION OF EVENT:				
WITNESS(ES):				
EMPLOYEE SIGNATURE:	SUPERVISOR SIGNATURE:			

ESH-5 WILL SEE INFORMATION IN THESE TWO BOXES

ADMISSION HISTORY DATA

ALLERGIES:	LNMP:	PRESENTING HISTORY/COMPLAINT:	
	LAST TETANUS:		
CURRENT MEDS:	T BP		
	P R		
		PMD:	Interviewer's Signature:

Personal Information

MEDICAL EVALUATION

ESH-5 WILL SEE INFORMATION FROM THIS POINT FORWARD

TIME:	CHIEF COMPLAINT:		TESTS/TREATMENTS
			X-RAY:
SUBJECTIVE:			LAB:
			ECG:
			OTHER:
OBJECTIVE:			
			MEDS:
ASSESSMENT:		ICD - 9	
PLAN:			
		RECHECK	
		Date:	
		Time:	❒ SEE EXT. CARE SHEET